Ohio Osteopathic Association
Application for Category 1-C Credits

Who should file this form?
This form should only be completed by osteopathic physicians who are requesting the reclassification and approval of CME activities from Category 2 to Category 1-C. Any D.O. who has obtained fifty (50) hours or more of credit approved for **osteopathic categories** 1-A and 1-B should not file this form.

There is a $25 charge to convert all credits listed on this application. Please refer to page 2 for payment options.

Name: _____ Ohio License Number: _____

Specialty: _____ Email address: _____

Address: _____

Phone: _____ Fax: _____

Section 1 - Request For Category Reclassification

I hereby request that the following programs, which are not approved for osteopathic CME Category 1-A or 1-B be certified in category 1-C by the Ohio Osteopathic Association's Committee on Professional Affairs for the purpose of Ohio licensure.

(Please attach copy of completion certificate or transcript.)

Name of Activity	Location	Date(s)	AMA category	Credit Hours
Example: ACOG Annual Meeting – Clinical Ultrasound in OB/GYN	*San Antonio, TX*	*3/5/12 – 3/8/12*	*1*	*15.0*

Section 2 - Reason(s) For Requesting Reclassification

The reasons for making this request are: (check all that apply)

_____ (A) Circumstances require that I attend CME programs near my home and similar osteopathic programs are not available in Ohio or in the geographical area where I practice, that are relevant to my practice.

_____ (B) I am/was in a non-osteopathic internship, residency or fellowship program which is/was **not** approved by the American Osteopathic Association.

_____ (C) The courses sponsored by osteopathic organizations are not relevant to my practice in terms of subject matter because (please list specialty:_____)

_____ (D) Other reasons for request (please describe as fully as possible):

Section 3 - Credit For Residency or Fellowship Training while Licensed

If you are seeking CME credit for an AOA or ACGME residency or fellowship program, please list program(s) that you wish to have approved. The State Medical Board of Ohio will accept 50 category 1 credits for each year of residency/fellowship completed in an approved AOA or ACGME program. Please include a copy of your certificate of completion or letter from your program director.

☐Residency ☐Fellowship Specialty: _____

Hospital: _____

Address: _____

_____

Program Director: _____

Training Dates: _____

_____

$25 charge to convert all credits applied for on this application.
If paying by check, please make checks payable to OOA.

If paying by credit card, please complete the credit card information below. Visa, MasterCard, American Express and Discover accepted.

Name on card: _____ Billing Zip Code: _____

Card Number: _____ Expiration Date: _____

Security Code: _____ (3 digit code on the back on Visa, MC or Discover. 4 digit code on the front of AmEx)

Signature – Approval of $25 charge: _____ Date_____

Ohio Osteopathic Association
Committee on Professional Affairs
53 W. Third Avenue
PO Box 8130
Columbus, OH 43201
(614) 299-2107 – phone
(614) 294-0457 – fax
www.ohiodo.org